

**GOVERNMENT OF ANDHRA PRADESH**  
**ABSTRACT**

NRHM-Operational Guidelines for institutionalisation of Nutrition and Health Days – Nutrition and Health Days will be organized on Wednesdays and Saturdays at the Anganwadi Centres in all habitations. - Orders- Issued.

**HEALTH MEDICAL AND FAMILY WELFARE (D2) DEPARTMENT**

**G.O.Ms.No. 102**

**Dated:15.05.2012**

**Read:**

State level convergence meeting of all principal secretaries of Panchayat Raj, Rural Development, Rural Water Supply, WD&CW and HM&FW held on 28.11.2011.

\*\*\*

**ORDER:**

A poor diet can have an injurious impact on health, causing deficiency leads to so many diseases, as per the NFHS Survey, shows that one third of AP's children under five years of age are underweight; 42.5% under weight, 38% are stunted – indicating that they have been malnourished for a while; and 15% are wasted – indicating recent lack of food/illness. The prevalence of anemia in women (63%), Pregnant (59%) and children (71%) is also high. To over come such cases the NHD initiated as a pilot project in eight(8) districts, but more convergent approach shall made a change in the nutritional status of the women and children in the state.

2. Government, with a view, to minimize the burden of diseases, deaths and disabilities and to promote health of all stakeholders, has decided that the Departments of Health, Medical and Family Welfare; Rural Development; Panchayat Raj; Rural Water Supply and Women, Children, Disabled & Senior Citizens, together with the community, will implement the NHDs at all AWCs and follow ups on the Fixed Day Health Service (FDHS) at each habitation/village and take appropriate follow up measures.

3. Government after careful examination, hereby constitute the following guidelines:

- (a) The service providers i.e., Project Officers of ITDA, Project Directors of DRDA, District Medical & Health Officers, including CHNC and PHC staff, MPHA(F), ASHA Workers, Project Directors, WD&CW including CDPOs, Supervisors and AWWs, Panchayat Raj Institution (PRI) members including Village Secretaries, RWS Staff etc. The Community Based Organizations (CBOs) i.e., Health Sub Committees of SHG/VO's, Mandal Samakhya/Zilla Samakhya/Village tribal development associations (HSC/VOs/ MS/ZS/VTDA) should be actively engaged to facilitate effective delivery of services to the community during the monthly NHD.
- (b) The main objective of NHDs are to provide one stop essential and comprehensive health & nutrition services to pregnant women, lactating mothers, children (0-6 yrs) and adolescent girls on pre-notified days, at their doorstep.
  - (i) Shall ensure early registration, screening, identification and referral of children with delayed milestones, disabilities, high-risk children and pregnant women.
  - (ii) Shall provide information to families on care of mothers and children at the household and community level through discussion of various health topics including preventive and promotive aspects for achieving required behavioral change.

**P.T.O.**

- (iii) Shall ensure linkages between community and service providers including health; ICDS; PR; RWS and RD (through SHG network) so as to promote maternal & child survival and health programmes.
- (c) The NH Day shall be organized on Wednesdays and Saturdays depending on the AWCs in the area of Sub Health Center (SHC). Area demarcation shall be done between two MPHA (F) placed at SHC and plan for Wednesdays and Saturdays. If there are 5 AWCs under one MPHA (F), 3 AWCs will have NHDs on 3 fixed Wednesdays and two AWCs on Saturdays. If there are 6 AWCs under one MPHA(F) , 3 AWCs will have NHDs on 3 fixed Wednesdays and 3 AWCs on 3 Saturdays. Those who miss out immunization may visit the Primary Health Centre to get them on 4<sup>th</sup> Wednesday.
  - (i) If any notified NHD falls on a public holiday NHD should be conducted on the following working day.
  - (ii) All pregnant, Lactating and children below 6 years registered with NDCC/ANM/AWC should be mobilized to attend NHD at the AWC for availing all health care services.
  - (iii) The fixed day health services will continue to be conducted on pre notified days, subsequent to NH Days at each habitation to screen, investigate and refer the cases identified on NHDs.
  - (iv) NHD should be organized on pre-notified days at AWC from 09.00 am to 4.00 pm. If the space is insufficient at AWC, AWW/MPHA(F)/ASHA/HAs/HSCs in consultation with local community (VOs/VTDA) will decide the venue ensuring convenient access for all the stakeholders of the AWC. Such change needs to be approved by the CDPO and Medical Officer concerned.
- (v) Planning, Monitoring and Implementation of NHD's and follow-up thereon:
  - (i) The services will be provided by functionaries of above stated Departments on NHD and the requirements to be put in place and the tools to be used. The tools shall be framed by the Commissioner of Family Welfare / Mission Director, NRHM separately.
  - (ii) The role & responsibilities of the functionaries of Depts., at State, District (PD-DRDA, DMHO, PD-WD&CW, other district officers, under the guidance of PO ITDA and District Collector), CHNC and Project (SPHO,CDPO), mandal (MO-PHC, ICDS Supervisor and other health supervisory cadre), AWC level (ASHA, MPHA (F) and AWW) along with CBOs (HA, HSC, VOs/VTDA, MMS, ZMS) and Panchayat Raj Institutions.
  - iii) To facilitate effective planning, monitoring and implementation of NHDs and follow up, officers concerned at various levels must have joint meetings with their counterparts from depts., involved in NHDs, which could be organized preferably in the afternoon session so that in the morning session the issues could be reviewed/discussed with respective departmental officers prior to joint meeting.

**P.T.O.**

**4. Rationalization of Jurisdiction**

For effective service delivery the Health & ICDS jurisdiction at various levels shall be reviewed and made co-terminus at various levels, starting the exercise right from the sectors/PHC level. The Dt. Collectors shall guide, monitor and ensure the completion of the same. Guidelines for rationalization of jurisdictions between HM&FW and WDCW to make coterminous at various levels.

**5. OUTCOMES**

The organization of the Village Health and Nutrition Day on a regular basis as per the guidelines will result in substantial prevention of disabilities, reduction of MMR, IMR and under nutrition in children 0 to 6 years and improve health of pregnant and nursing mothers, adolescent girls and children up to 6 years with life long benefits for the families concerned.

6. Commissioner, Health & Family Welfare; Director, Women Development and Child Welfare; Commissioner, Rural Development; Commissioner, Tribal Welfare; CE, RWS, Commissioner, PR, CEO, SERP and all District Collectors shall ensure NH Days are conducted at all AWCs on pre-notified days, at least once in every 30 days depending on jurisdiction of field staff of Medical & Health and WCD&SC Depts., and quality services provided to achieve the objectives of NRHM & ICDS and thereby MDG's

7. The RDOs / Sub Collectors / PO-ITDA's concerned shall review at the divisional / project level and provide necessary supportive guidance to conduct NH Days with required follow up.

8. The Government also hereby permit the Commissioner of Health and Family Welfare/Mission Director, NRHM to frame operation guidelines / executive orders if any, at their levels.

9. The operational guidelines for institutionalization of Nutrition & Health days are appended to this order as Annexure-I, Annexure-II and Annexure-III.

10. This order is issued in consultation with RWS; PR; WCD&SC and the Department of Rural Development.

**(BY ORDER AND IN THE NAME OF THE GOVERNOR OF ANDHRA PRADESH)**

**PANKAJ DWIVEDI  
CHIEF SECRETARY TO GOVERNMENT**

To  
The Commissioner of Health and Family Welfare, A.P., Hyderabad.  
The Mission Director, NRHM, A.P., Hyderabad.  
The Spl CS Dept, of WCD&SC, A.P. Secretariat  
The Prl.Secy to HM & FW, A.P. Secretariat  
The Prl.Secy to PR, A.P. Secretariat  
The Prl.Secy to RWS, A.P. Secretariat  
The Prl.Secy to Rural Development, A.P. Secretariat  
The Prl.Secy to Tribal welfare, A.P. Secretariat  
All the District Collectors.  
The CEO – SERP, Hyderabad  
The Commr, PR, Hyderabad  
The Director, Women Development and Child Welfare, Hyderabad  
The Commissioner, Rural Development, Hyderabad

**P.T.O.**

**:: 4 ::**

The Commissioner, Tribal welfare, Hyderabad  
The Mission Director, NRHM, Hyderabad  
The Chief Engineer, RWS, Hyderabad  
The Commissioner, APVVP, Hyderabad  
The Director of Medical Education, Hyderabad  
The Director of Public Health & Family Welfare, Hyderabad  
All DM&HOs in the state  
All Regional Directors of Medical and Health Services in the State  
All Regional Directors, WD&CW Agency  
All Project Directors, WD&CW Agency  
All RDO's / Sub Collectors

Copy to:-

The P.S. to Prl. Secretary to C.M.  
The P.S. to Chief Secretary to Govt.  
The P.S. to Minister for IKP, Pensions & SHGs & WCD&SC  
The P.S. to P.S. to Minister Health & Family Welfare.  
The P.S. to Minister for Rural Development, NREGS  
The P.S. to Minister for Panchayat Raj & Rural Water Supply  
Sf/Scs.

**// Forwarded By Order //**

**SECTION OFFICER**

**Provision of Services on NHDs**

All the district level functionaries of the Departments of Health Medical and Family Welfare; Women, Child, Disabled and Senior Citizens; Rural Development; Panchayat Raj & Rural Water Supply shall ensure the supply of the logistics and the required budget for the implementation of NH Days in the district.

Multipurpose Health Assistant (MPHA-F) and Anganwadi Teacher (AWT) will provide the services on the NH day. ASHA, Health Activist of Village Organization (VO) will mobilize the beneficiaries / stake holders on NH day. Members of Health Sub Committees, Village Health and Nutrition Committees (VHSNCs), Local Community Groups, Village Tribal Development Associations (VTDA's), Self Help Groups (SHGs) & Kishore Youth Associations shall take active part in the NH day. One Supervisor of ICDS or Health shall be present to monitor the conduct of NHD as per their work plans.

**Services, Requirements and Persons responsible**

**1. Maternal Health Services:**

<b>Activity</b>	<b>Person Responsible</b>	<b>Requirements to be in place *</b>
Pregnancy confirmation tests	MPHA – F	Pregnancy test kits
Registration of pregnant women	MPHA – F, AWT	Maternal & Child (M&C) records, field register
Weight, General Examination, P/A exam, Foetal Heart Rate and BP	MPHA – F	Weighing scale, Foetoscope, BP apparatus, Stethoscope
Identification, referral & follow-up of high risk pregnant women	MPHA – F, AWT	Field Register, referral slips
Estimation of hemoglobin, distribution of IFA tablets for consumption and counseling on side effects of IFA consumption.	MPHA – F	Sahli's Haemoglobinometer, Disposable Lancets with reagents, Tab - Iron Folic Acid, Deworming
Counseling on danger signs during pregnancy	MPHA-F, AWT	Behavior Change Communication Material
TT vaccination	MPHA – F	Vaccine, AD syringes, Vaccine carrier with Ice packs
Supplementary Nutrition.	AWT	Supplementary food
Birth planning in the third trimester for all registered pregnant women.	AWT, MPHA (F) & ASHA	M & C Record
Referral for safe abortion to approved MTP centers if required.	MPHA – F	Referral slips
Tracking and conduction of Antenatal check up for pregnant women	ASHA, AWT & MPHA – F	Duelist, Examination table, curtain, Gloves, soap, uristix
Counseling on Breastfeeding and problems in Breastfeeding during pregnancy	ASHA, AWT & MPHA – F	BCC material
Post natal women to be examined and given appropriate treatment / counseling	MPHA – F, AWT	Field register
Family planning services & counseling to eligible couples	MPHA – F	Condoms /OC pills/ IUCDs, Field register
Treatment for minor ailments	MPHA - F	Slides for malaria, Folic acid, Rapid diagnostic kits for malaria, Cotrimoxazole Tabs, Zinc Tabs, Chloroquin Tabs, Paracetamol Tabs,

**2. Neonatal Health Services:**

<b>Activity</b>	<b>Person Responsible</b>	<b>Requirements to be in place *</b>
Registration of new births.	ASHA & MPHA -F	
Counseling on importance of early initiation of BF, home based newborn care & exclusive breastfeeding even during minor illnesses of mother/infant	ASHA, AWT& MPHA-F	BCC material
BCG and Zero dose polio and Hep B vaccines, if not given at the health institution	MPHA – F	Vaccines, AD syringes, Hub cutter, Vaccine Carrier with frozen ice packs
Weighing of babies and growth monitoring	AWT	Baby weighing scales, WHO Growth Charts, Shakir’s tape for MUAC, Community Growth Chart
Care of sick and LBW babies	MPHA-F	IMNCI guidelines, referral slips

**3. Child Health Services (Infants to 5 years):**

<b>Activity</b>	<b>Person Responsible</b>	<b>Requirements to be in place *</b>
Routine immunization and Vitamin A as per schedule for all eligible children up to 5 years of age, including the drop outs and the missed out	MPHA - F	Vaccines, AD syringes, Hub cutter, Vaccine Carrier with frozen ice packs, medicines for treatment of minor adverse events following Immunization (AEFI)
Growth monitoring, identification of delayed milestones, appropriate referral and follow up	AWT, MPHA - F	Baby weighing scales. WHO Growth Charts, Shakir’s tape for MUAC, Community Growth Chart and referral slips
Identification of anemia and IFA supplementation	MPHA - F	Deworming tablets, Paediatric IFA tablets
Counseling / follow up on Infant and Young Child Feeding (IYCF) Practices & balanced diet	AWT & MPHA-F	BCC material
Provision of supplementary food	AWT	Supplementary food material
Case management of minor ailments including worm infestations	MPHA-F	IMNCI guidelines and drugs for treatment
Counseling to all mothers on home based management and referral knowledge to hospital in handling complications	AWT & MPHA- F	

\* : The Concerned supervisory officers at district level ( DIO/DMHO ) and state level ( JD CHI ) shall ensure timely provision of all requirements.

**4. Counseling services to all the family members especially husbands/mothers-in-law: By AWT, MPHA-F & ASHA under the guidance and supervision of supervisory officers of both Health and ICDS.**

<b>Subject</b>	<b>Counseling on</b>
Gender issues	Saving the girl child (special focus on families with one girl child) Education & vocational trainings for the girls Age at marriage Role of men in improving the health and nutrition status of women and children
Nutrition	Diet during pregnancy & lactation, Infant and Young Child Feeding Practices, Iodized salt intake and dietary diversification

Hygiene	Personal hygiene, Hand washing, Safe drinking water and sanitation
Health Education to Adolescent Girls	Health education regarding nutrition, personal and menstrual hygiene is given by the AWT and MPHA (F).

**Note: Expenses to be met from untied fund & other funds**

**5. Water and Sanitation Measures to be provided by PRI & RWS:**

- i. Ensure availability of water supply to all the households for utilization of the ISL.
- ii. Facilitate /ensure water quality testing of all drinking water sources & follow-up where intervention is required.
- iii. Chlorination – Supply of water quality testing kits to AWCs & Gram Panchayat, follow up and reports to AWCs on NHD.

**6. Publicity Material to be supplied by the ICDS, PRI & Health Depts.**

- 1. NHD Banner- ICDS
- 2. Wall writings in the local language - PRI
- 3. Display boards at one or two prominent places in the village including outside the Gram Panchayat office - ICDS
- 4. IEC material – Health

**7. General requirements at the place of NH day event.**

- 1. Availability of safe drinking water
- 2. Toilet Facility
- 3. Privacy for ANC
- 4. Clean and friendly environment

**PANKAJ DWIVEDI  
CHIEF SECRETARY TO GOVERNMENT**

**SECTION OFFICER**

**Roles of State, District, Sub district level officers and field MCH team in institutionalizing NHDs**

**I. State:** The State level committee comprising of Director DWD&CW, Commissioner Family welfare / MD NRHM, RWS (CE), JD-ICDS, JD-CHI, and Nodal officers as appointed by government from time to time will review the status of programme every quarter along with the district Nodal Officers

- i. The State level Committee shall ensure administrative actions required for grounding the program, timely release of budget & monitor the availability of logistics required for the implementation of NH days, preparation and annual updating of all district NHD plans in -the month of December every year in all the districts.
- ii. Jointly monitor on at least quarterly basis at state level through video conferencing or regional level meetings under guidance of Secretaries concerned and assess the same during the field visits.
- iii. The Committee shall also review and follow up on:
  - a. Status of NHDs, actions taken and future plans
  - b. Monitoring and evaluation for strengthening state supervision.
  - c. Follow up on observations of visits to weak and vulnerable habitations/AWCs/Sub centers/PHCs/CHNCs/ICDS projects, use of check lists for ensuring necessary corrective actions and guidance for effective program management.

**II. District/ ITDA:** PD DRDA; DM&HO; PD and APD of WD&CW, DIO, PODTT, ADMHO, DPMO, SO and DPHNO, of HM & FW, DPO; SE- RWS; Addl. Joint Collector, under guidance of District Collector /PO ITDA will comprise the district team responsible for reviewing and monitoring at district/ITDA level.

- i. Orders should be issued by the District Collectors allotting CHNC's /ICDS projects to Dist. level officials for visits to AWCs on NH days and review of the same.
- ii. District team shall review the Nutrition and Health day planning (annual plans to be completed by December every year), monitoring, action taken and future activities of Nutrition and Health day reports by all SPHOs and CDPOs.
- iii. Initially monthly Review meetings for one year and followed by quarterly meetings under the Chairmanship of District Collector to review on visits of Dist. officers to NHDs in their respective areas, follow-up on minutes of meetings and progress made.
- iv. Review training of AWT's /ASHA's /PRI concerned for water quality testing, water quality status in villages and follow up there on along with sanitation issues.
- v. Monitoring of conduct of joint meetings at CHNC/ICDS Project, PHC/Sector level and provide necessary inputs, guidance, supportive supervision and facilitate rapid action to resolve urgent issues and ensure quality implementation of interventions.
- vi. Ensure Sending online fixed NHD plan of the district to State and to all the Dist. Officers by end of December, every year
- vii. **DMHO and PD** shall ensure timely release of budget; monitor the availability of Logistics (availability of supplementary nutrition, medicines, vaccines and BCC material etc.,) in sufficient quantities for the implementation of NH days in the district.
- viii. ***Hand holding & supportive supervision to supervisory cadre of respective departments during visits and reviews shall be provided to***

**focus on a)** Enhance capacities of supervisory cadres in technical, managerial, operational aspects. **b)** Effective convergence of services with community participation, **c)** Ensure quality of NHDs, **d)** Use of NHD monitoring Check list by all district officers during field visits so as to monitor & follow up on satisfaction and access of services by women and children particularly from vulnerable communities.

- ix. *The following shall be discussed/reviewed at district level joint review meetings **convened by the DMHO:***
- a).** Action taken report of the previous month meeting minutes
  - b).** Review of implementation status of the CHNC/PROJECT wise plan of actions.
  - c).** Review on District officers documented NHD observations with DMHO and PD ICDS and their team of officers, Consolidated observations from **monitoring checklists** and **NHD reports** submitted by the SPHOs and CDPOs and Observations from their own field visits
  - d).** Review minutes of CHNC level joint review meetings,
  - e).** Review the referral cases sent to NRCs based on SPHOs and CDPOs reports in independent and joint review meetings at district level and ensure corrective actions to ensure service delivery as planned based on incidence and status of malnutrition.
  - f).** Review & follow up on representations from Zilla Mahila Samakhya / PRI Members.
- x. Review action taken on water quality and sanitation issues at the CDPO/SPHO levels and act upon if necessary.
- xi. Review the problems identified in the referral of cases sent to Nutrition Rehabilitation Centers based on SPHO/CDPO reports to initiate corrective actions required to establish an effective referral system.
- xii. The district officials will check for the availability of monitoring reports & review minutes at SPHO/CDPO/PHC levels during their field visits.
- xiii. **PO- ITDA / PD- DRDA** shall encourage representation by VTDA's /VOs MMS and ZMS to address service delivery gaps and motivate stakeholders for improved access to services & follow up measures
- xiv. **DPMO-NRHM/SO** shall compile and analyze the reports submitted by SPHOs and share the same with district and sub-district level functionaries and with the state.

**III. CHNC & ICDS Project: SPHOs, CDPOs & RWS representative along with the supervisory cadres at the Cluster level are mainly responsible for supervision, monitoring and mentoring the MCH teams at the field and PHC levels.** The SPHO and the CDPO shall:

- i. Conduct Joint meetings with the concerned supervisory cadre to develop an AWC wise NHD action plan (signed by both) in their operational areas and submit the same to the PD and the DMHO.
- ii. Send online fixed NHD plan of the CHNC/ICDS Project by mid December, every year.
- iii. Shall pay planned visits to the NH sessions, provide supportive supervision to the field MCH teams and ensure quality of service delivery.
- iv. Hand holding & supportive supervision to supervisory cadre of respective departments during visits and reviews to:-
  - a.** Enhance capacities of supervisory cadres on technical, managerial, operational aspects.
  - b.** Effective convergence of services with community participation.
  - c.** Ensure quality of NHDs during field visits & reviews.
  - d.** Use of NHD monitoring Check list by all officers during field visits so as to monitor & follow up on access and quality of services by women and children particularly from vulnerable communities.

- v. A joint meeting at CHNC/ICDS Project level convened by SPHO will review on:-
  - a. Action taken report on the issues identified in the previous month's meeting, implementation status of the PHC/ICDS sector wise plan of actions, current issues based on monitoring reports and future plans to address the issues.
  - b. Review the consolidated observations from monitoring checklists and NHD reports submitted by MOs and supervisors, issues identified in the processes (minutes of PHC level joint review meetings), outcome and follow up of high risk cases referred to NRC/other specialists and initiate actions on issues that can be solved at sub district level.
  - c. Review the status of sanitation and water quality testing and the measures taken and share the issues /concerns with the RWS representative for follow up actions.
  - d. Issues that need to be addressed at the district level shall be sent to the district officials of the concerned departments.
- vi. Joint visits to NRCs to observe the effective functioning of NRCs, (perfect maintenance of registers, systematic referrals, ensure follow up of the same) and provide supportive supervision to the down cadres.
- vii. **SPHO ensures a)** planning for fixed day health services to each Village after two weeks of completion of NHDs for screening, identification and medical investigation of the high risk pregnant and children as per the list prepared by Field MCH team during NHD, **b)** Ensures quality of services through monitoring visits and supportive supervision.
- viii. **SPHO and CDPO** Coordinate and ensure timely release of budget and monitor the availability of Logistics (availability of supplementary nutrition, medicines, vaccines and BCC material etc.,) in sufficient quantities for the implementation of NH days in their area.
- ix. **CHO** compile and analyze the reports submitted by Supervisors and MOs and share the same with SPHO, PHC MOs, CDPO and supervisors in Jt. Review Meeting.

**IV. PHC/Sector: MO-PHC, ICDS supervisor, Other Health supervisory cadre [PHN/LHV, MPHS (F&M), MPHEOs], will guide the field MCH teams viz; MPHA (F), AWTs & ASHAs in the implementation of NH days.** The PHC/Sector team shall:

- i. Help the field MCH teams to prepare AWC wise schedules for NH days and submit the same to the SPHO/CDPOs by mid December every year.
- ii. Ensure display of NH day schedules at PHC, the respective Sub centre and at the AW centre and Gram Panchayat office of the concerned habitations to bring NHD information to the public knowledge.
- iii. Prepare a joint monitoring plan by the ICDS and Health Supervisors [PHN/LHV, MPHS (F&M) & MPHEOs] so that all the NH days are monitored at least once in a Quarter in the PHC/Sector areas.
- iv. Sensitize PRIs, GP, Panchayat Secretary on their roles and responsibilities as mentioned in these guidelines at village level implementation.
- v. *Use NHD monitoring Check list during field visits to monitor & follow up on:-*
  - a)** Satisfaction and Access of quality services by Women and children especially from vulnerable communities

- b)** Availability of all required material, supply of medicines, vaccines and other medical supplies to conduct NHD and ensures everything is in place.
  - c)** Observe and encourage men (fathers of children) participation during NHDs and involve/take support from PRIs/village elders to address the problems if any.
- vi. Document the visit remarks at AWT/MPHA (F) register.
- vii. Provide hand holding and supportive supervision to the field MCH teams to:
  - a.** Enhance their technical and communication skills.
  - b.** Ensure effective convergence of services to ensure quality with community participation to maximize the output.
  - c.** Ensure community participation inclusive of the marginalized groups in addressing the issues of safe drinking water, solid waste management and sanitation.
- viii. Joint review meeting shall be conducted at the PHC level with all the supervisors and the field MCH teams every month during which :
  - a.** Action taken reports of the previous month, the current issues from NHDs (Monitoring checklists and observations) and future plans to address the issues are reviewed.
  - b.** Review by name the cases referred to other hospitals for specialist care (high risk pregnant women, children and those with special needs), their progress and follow up.
  - c.** Review & follow up on representations from VOs / Mandal Mahila Samakhyas / and PRI Members.
  - d.** Identify high risk habitations in terms of water borne diseases, malnutrition among women and children, age at marriage and higher proportion of abortions among pregnant women and plan for necessary actions.
  - e.** Review and assess the impact of BCC activities.
  - f.** Circulate minutes of the meeting for follow up action to be taken at cadres down the line and also to the CHNC and concerned ICDS project
- ix. **ICDS Supervisors** shall do Periodic Verification of food stocks maintained at AWC for distribution on NHD and ensure un interrupted supply of food by maintaining buffer stock for at least two months and in case of MTF one month stock to ensure Fixed NHD as planned.
- x. **MO PHC a)** Shall do medical investigations during FDHS to the beneficiaries identified during NHDs by Field MCH team
  - b)** Follow up of the previous month referral cases referred for specialist care (children with delayed milestones or disabilities) to referral institutions.
  - c)** Screen, refer and review the cases sent to NRCs based on the lists prepared by AWT, ASHA and MPHA (F) during FDHS visits, Joint review meetings and NH Days.
  - d)** Hand holding & supportive supervision during visits and reviews to enhance the capacities of supervisory cadres in technical, managerial, operational aspects.
  - e)** MO shall review and follow-up water quality test reports with positive findings

**V. Village/Habitation: AWT, MPHA (F), ASHA, HA, representatives from HSC, SHG/VO, PRI, VHSNC & Kishore Youth Associations form the implementation team.**

**i. Planning :**

- a.** AWT and MPHA (F) develop AWC wise NHD plans and ensure all the logistics are available for the NH day.
- b.** AWTs publicly display the information about the day fixed and services provided on NHD at panchayat building, on Notice boards of GP, at the centre of the village, AWC and SC etc.
- c.** MCH team conducts complete tour of the habitation covering all the households including vulnerable communities and migrant populations etc once in a quarter and Update survey register to cover all.
- d.** AWT and ASHA prepares the due list of beneficiaries for ANC, Immunization, THR, Adolescents, and those belonging to High risk and vulnerable groups (including those missed out in previous sessions) and ensure their attendance.
- e.** MPHA (F) ensures that all the planned sessions are conducted and alternate arrangements are provided if there are any missed sessions or beneficiaries.

**ii. Implementation:**

**2.a Actions to be taken before and on the day of conducting NH Day:**

**RWS :**

- Availability of list of outbreaks / water borne disease cases reported from the habitation in last two years to identify high risk areas and for appropriate follow up.
- SE, EE & AE should ensure monthly action plan for collecting water samples to send for analysis to the labs.
- AE should circulate the lab testing reports to the concerned Gram Panchayat (GP) and ensure display of the same at GP and also ensures identification of source of contamination to take necessary corrective action for supplying safe protected water to the community as per the responsibilities of the respective departments.
- RWS should immediately collect and test the sample and do appropriate follow up measures as requested by Panchayat secretary, ASHA and AWT.

**PRIs:**

- i. PRI members shall make preparations to make public announcement (dandora/through SHG/ wall writing etc.,) as requested by AWTs and MPHA(F) for NHD in the village every month at least 2 to 3 days prior to NHD.
- ii. Water quality testing twice in a year ( April and December) for all drinking water sources and during outbreaks as and when required by Panchayat Secretary and MPHA(F)
- iii. In case of positive reports of water contamination, Panchayat Secretary will ensure cleaning and chlorination of water tanks.
- iv. Panchayat Secretary shall inform the RWS with regard to problems in water pipes which are meant for loading and unloading of water, valves replacements, motor replacements and if any requirement of overhead tank construction under intimation to MO.

- v. Gram panchayat is responsible for :
  - a.** Cleaning of the street drainages, **b.** Solid and liquid waste management, **c.** Cleaning of overhead tanks once in 15 days, **d.** Street taps maintenance, **e.** Domestic water connections maintenance, **f.** Fixing pipe line leakages and closure of pit taps
- vi. Members of VHSNC and ward members to ensure quality Health and Nutrition activities on the NHD and support the sessions to happen without any disturbances.
- vii. Ensure Availability of clean drinking water, proper sanitation and convenient approach to the AWC for participating in the NHD by all.
- viii. Support ASHA and HA/HSC in mobilizing the parents (both father and mother) of malnourished children, husbands of the pregnant women come for consultation with the AWT and MPHA (F).
- ix. PRIs shall play active role in monitoring of NH day implementation (regularity, timing, logistics, attendance of staff, attendance of beneficiaries, adequate availability of materials and supplies etc.)
- x. Ensures MPHA (F) and AWT conduct NHD activities in the following order. **A)** Checking the attendance (based on the due list), **B)** Weight of children & pregnant women **C)** ANC, **D)** Immunization, **E)** Nutrition and Health Education/counseling.

#### **ASHA and HA/HSC:**

- i. Visit all households with more focus on the Vulnerable, poor and SC / ST families and mobilize them to demand for services and shall ensure all women enrolled especially those from vulnerable communities attend the NHD and avail necessary services.
- ii. Inform all Pregnant women and their family members and women who need to come for ANC for first time or for repeat visits (2<sup>nd</sup> , 3<sup>rd</sup> and 4<sup>th</sup> ANC Checkup) and Mobilize mothers of infants and children who need immunization, were left out or dropped-out, sick infants and children with special needs (disabled, MR etc) particularly girl children.
- iii. Special attention in mobilizing both father and mother with children with moderate and severe acute malnutrition and shall ensure that parents come for consultation with the AWT and MPHA (F).
- iv. Make a list of TB patients who need anti-TB drugs and shall ensure all listed TB patients collecting drugs.
- v. ASHA and HSC/HA shall share the wards among themselves to mobilize the listed stakeholders and shall ensure all listed stake holders utilize the services on NHD.
- vi. ASHA shall ensure supplementary nutrition to children with special needs.
- vii. Water quality testing twice in a year (April and December) for all drinking water sources and during outbreaks by ASHA and AWT's. In case of positive report of contaminated water will inform to Panchayat Secretary to take further actions to rectify the problem.
- viii. ASHA shall ensure the participation of all beneficiaries and their families, especially of the identified high risk beneficiaries.

#### **AWT**

- i. Shall Update Pregnant & lactating Register, immunization Register and Birth register on the basis of the updated Survey Register
- ii. AWT shall prepare list of stakeholders for immunization(Due list), stakeholders requiring immediate attention (Attention list) of MPHA (F) on NHD on the basis of Home Contact Planner and any information received from community.
- iii. Motivate, sensitize and Counsel pregnant and lactating mothers and their husbands, mothers in law, etc, on nutrition, antenatal care, postnatal care, Immunization, Birth spacing, care of young children & adolescent girls and inform all the identified stakeholders through Helper, ASHA and through a personalized home visit on the basis of due list and attention list.
- iv. Shall prepare Take Home Ration list and List Children with moderate and severe acute malnutrition ticks in the attendance register after giving THR to each stakeholder.

- v. Prepare list of Adolescent girls.
- vi. Check for sufficiency of food supplies for THR on the forthcoming NHD and in case of insufficient food stocks, report to the supervisor for organizing food supplies in advance.
- vii. Ensure that the AWC is clean and availability of clean drinking water during the NHD.
- viii. Ensure a place with privacy at the AWC for ANC.
- ix. AWT shall review due list and attention list to identify the stakeholders who have not availed of the service, and inform through Helper/ ASHA and ensure all the beneficiaries attend the NHD before MPHA (F) leaves for the day.
- x. Provide required services & prepare the NHD report along with the MPHA(F)

**MPHA (F):**

- i. MPHA (F) shall update her field registers on the basis of the updated survey register and cross verify the list of beneficiaries prepared by the ASHA and AWT with her own records.
- ii. Requests for the necessary laboratory equipment, vaccines, medicines and nutritional supplements based on the expected number of beneficiaries.
- iii. Shall keep an adequate number of MCH records and issue to all registered pregnant women and children.
- iv. Attends stakeholders who require immediate attention on the basis of AWTs Home Contacts and information received from community.
- v. Ensures vaccine in charge following the quality of vaccine as per existing norms (like expiry date, cold chain) and taking prescribed measures in arranging vaccine carriers for her.
- vi. Coordinate with ASHA, AWT, HA/HSC and takes lead in mobilizing the support of PRI members, SHG members, NGOs and Adolescent Girls to assist & facilitate conducting of NHD (specifically for mobilizing all stakeholders including the fathers of children and husbands of pregnant as per due list and in distribution of THR & maintain discipline.
- vii. Ensure that the supply of vaccines reaches the site well before the day's activities begin.
- viii. Ensure availability of weighing scale, BP apparatus, Hemoglobin-meter, Uristix, drugs, all instruments and other materials as listed in the annexure are in place and conducts all required examinations
- ix. Ensure display of IEC and BCC posters
- x. Vaccine Administration and distribution of IFA to mothers and children
- xi. Conduct ANC check up at AWC's and in case of insufficient space at AWCs in sub-centers and PHC villages, conduct ANCs in respective facilities.
- xii. Counsel mothers & family members especially husbands about care during pregnancy , new born care and Infant and Young Child feeding (IYCF),Importance and use of Iodized salt, consumption of Iron rich foods and IFA with the support of Behavior Change Communication material and job Aids during NHDs.
- xiii. Inform the concerned mothers about expected date of delivery, referral hospital, birth planning, referral services and PNC care for every registered pregnant women, benefits of colostrum, exclusive breast feeding and introduction of appropriate quality & quantity of complementary feeding after 6 months to babies.
- xiv. Health education to adolescent girls
- xv. Make a list and refer undernourished children, anemic and high risk pregnant and lactating women with complications to NRC etc, for appropriate corrective measures.
- xvi. MPHA (F) ticks on the due list and updates MCH card after providing immunization, ANC to each stakeholder.

**V.b.1.2. Post NHD Actions:**

i) After completion of NHD activities, MCH [ASHA, AWT and MPHA(F)] team along with HSC, HA, VO members, VHSNC members, PRIs and VTDA's in tribal areas shall discuss and take measures on the following at the venue:-

- a) Coverage of SC/ST/Minority population for services and take necessary actions to cover all (Vaccine wise coverage against due list)
  - b) Follow up of previous month high risk cases, referred cases and assess the progress in health and nutritional status of mothers and children and especially reviews the status and reduction of Anemia and Iodine deficiency disorders in women and children.
  - c) Review nutritional status of children by using the community growth chart and plan for actions with roles and responsibilities (ASHA, AWT,MPHA(F), HA,HSC) to follow up with the families
  - d) VO should plan for social support measures for vulnerable families (for ex: Food security for families with no/low income sources, destitute, pregnant women of nuclear families and high risk pregnancies etc.,)
  - e) As planned ASHA, AWT, ANM, HA, HSC members shall make prioritized home visits and take necessary follow up measures during home visits and ensure stakeholders avail the services. They shall also follow up with the families of at risk beneficiaries identified and ensure prompt referral.
  - f) ASHA, AWT, ANM, HA, HSC members shall identify families requiring personal follow-up and delegate responsibilities among themselves for mobilizing the resistant cases of community in utilizing the services/in adopting required behavioral changes.
  - g) MPHA (F) and AWT together shall prepare list that needs MOs attention during FDHS services.
  - h) MPHA (F) and AWT together shall prepare NHD report to submit it to next higher level.
- ii) Discuss and identify households for the construction of Individual Sanitary latrines and create awareness about Government support for construction of ISL.
- iii) VO representatives shall discuss and allocate responsibility among them to mobilize SHGs and local community action for safe disposal of house hold refuse, garbage and eliminate breeding sites of mosquitoes.
- iv) Representatives of Village Organizations, Mandal Mahila Samakhyas and Zilla Mahila Samakhyas shall visit NHD sites in their respective villages and ensure effective implementation of NHDs regularly and shall represent the concerns /issues at mandal (PHC level and CHNC/Project level joint meetings) and district level joint meetings to address the identified supply gaps of both ICDS and Health and to ensure adequate availability of supplies, and for streamlining and strengthening of NHDs.

## **VI. Expected Results:**

### **1. Outputs:**

- i. **Increased cooperation** between Health, ICDS, IKP, PR and RWS at various levels due to meetings at regular intervals help in bridging the gaps and promotes effective communication.
- ii. Regular meetings provide a forum for planning and organization for decision making to promote **Good practices**.
- iii. Regular **supervision** and the provision of **hand holding support** will improve the technical, managerial and operational capacities of functionaries, quality of service delivery and accuracy of reporting.
- iv. **Mobilizing efforts and strengthening relationships within the community** due to prioritized home visits of MCH team ensure that all beneficiaries avail the spectrum of services, will help them establish close contact with the community.
- v. Greater **emphasis on the community's role in making systems responsive** to the health needs of the community and in demanding for services.
- vi. PRIs, civil society, community and private sector actively involved in strengthening service delivery
- vii. Increased awareness and utilization of the determinants of health, nutrition, water, sanitation and timely care, etc.

**2. Out comes:**

- i. Increased number of Pregnant Women receiving all four ANC's
- ii. Increased number of Institutional deliveries
- iii. Increased number of children with full immunization(12-23 months)
- iv. Increased number of Children breast fed within one hour of birth
- v. Increased number of children exclusively breast fed for first six months
- vi. Increased number of Children (6-36m) fed according to three recommended complementary feeding practices
- vii. Increased number of children with appropriate care during and after illness
- viii. Increased number of women consuming 90+ IFA tablets during pregnancy
- ix. Elimination or substantial decrease in number women with anemia, stunted wasted, underweight and children with disabilities.
- x. Increased number of families using sanitary latrines
- xi. Increased number of families practicing hygiene practices( washing hands with soap before cooking, eating food and feeding children and after defecation)
- xii. Increased number of GPs achieving "Malnutrition Free" status

**PANKAJ DWIVEDI  
CHIEF SECRETARY TO GOVERNMENT**

**SECTION OFFICER**

## **Rationalization of Jurisdictions between Health and ICDS**

### **Introduction:**

Currently in Andhra Pradesh MMR is 134 per 1, 00,000 live births, IMR is 46 per 1000 live births and under nutrition is 30%. Hence, the Government of Andhra Pradesh is working under mission mode to bring down the current levels of MMR, IMR and under nutrition by undertaking several child survival initiatives through continuum of care.

To achieve the above said targets, Government of Andhra Pradesh has intended to strengthen effective maternal and child health service delivery by ensuring the reach to remote, difficult and inaccessible areas in the state through effective planning, implementation, monitoring and review mechanisms. This requires close programme, operational and functional convergence between ICDS and Health. Though the effort for a convergence at the village level between ICDS and Health departments has shown some significant improvement in service delivery in terms of NHDs, there are still several challenges in improving public health nutrition outcomes. The areas of ICDS supervisors fall in more than one PHC jurisdiction causing difficulty in planning, monitoring and review mechanisms. This is hindering joint working of the programme managers, joint monitoring and supportive supervision. A major stumbling block in achieving this is overlapping working areas and non synchronization of the functional areas limiting supportive supervision and effective monitoring. Therefore, both the departments of Health and ICDS decided to synchronize the functional areas of ICDS and Health.

### **Purpose of Synchronization:**

The purpose of Synchronization is to facilitate effective joint planning, implementation, monitoring and enriched supportive supervision by rationalizing the jurisdiction and functional synergy between the Departments of Health and ICDS at various levels and making them coterminous.

### **Types of Synchronization :**

**1 Geographical synchronization** – Rationalization of jurisdiction of AWCs should be taken up in such a way that all AWCs should be aligned to SC so as to synchronize the jurisdictions and ensure sector alignment. Geographical areas need to be redistributed.

Ex: Each ICDS sector should have fixed number of sub centers in totality ie. with all the AWCs under those sub centers. Similarly One or two ICDS sectors in totality should be included in the area of one PHC.

**2 Functional synchronization** – Joint service delivery through NHD/HND, IMNCI, Immunization services, management of under nutrition and severe acute malnutrition through Joint planning, Implementation, Monitoring, Supportive supervision with inbuilt accountabilities

Ex: MO of a particular PHC, supervisor/s of the Sector/s under that PHC, ANMs and AWWs under that PHC area should work together as a team to promote child survival and development by delivering health and nutrition services to all the pregnant women, lactating women, adolescent girls and children with focus on Under Threes along the continuum of care.

## **Process involved in Synchronization:**

**I. District level:** Initial planning for synchronization will be facilitated through a joint workshop at the district level.

1. All district, CHNC & ICDS project officers, Selected PHC & Sector-level officials from Health and ICDS will participate in the workshop.
2. Explain Objective of the work shop – Need for convergence and coterminous alignment.
3. Sensitize on synchronization methodology, formats for planning and monitoring of activities and reporting.
4. Actions need to be taken at various levels and explain roles and responsibilities of functionaries at various levels.
5. Specific CHNCs/blocks should be assigned to district-level officials—DMHO, PD-ICDS, APD, DIO, PODTT, ADMHO and DPHNO - to monitor and provide supportive supervision in the process of coterminous alignment, micro action plan development.
6. Expected outcomes at Various levels.

**II. CHNC/ICDS Project level:** ICDS CDPOs and SPHOs shall organize a joint meeting with all the concerned supervisory cadre of both health and ICDS departments.

1. Explain Objective of the joint meeting – Need for convergence and coterminous alignment.
2. Sensitize on synchronization methodology, formats for planning, monitoring, reporting and their roles and responsibilities in coterminous alignment and in functional synchronization.
3. Health and ICDS supervisors sit together to list and reorganize the AWCs according to sub-centre and PHC so that the ICDS sectors present in one PHC did not fall under the area of another PHC.
4. ICDS supervisors and MOs along with other supervisory cadre shall revisit their jurisdictions and shall identify the issues needs to be addressed if any to make it coterminous.
5. The process of Geographical synchronization should be done along with mapping of synchronized areas. The new arrangements will ensure that ICDS supervisors are no longer required to visit any AWC out of jurisdiction of that particular PHC.
6. Identified issues/concerns shall be brought to the notice of SPHOs and CDPOs on the same day.
7. ICDS supervisors and MOs shall take the outputs of this meeting to the subsequent PHC level joint meeting to share with AWWs and MPHA(F) to take their consensus.

**III. ICDS sector/PHC level:** ICDS supervisors and MOs along with other supervisory cadre shall organize a joint meeting with all AWWs and MPHA(F)s.

1. Explain Objective of the joint meeting – Need for convergence and coterminous alignment.
2. Sensitize on synchronization methodology, formats for planning, reporting and their roles and responsibilities in coterminous alignment and in functional synchronization.
3. ICDS supervisors and MOs shall discuss the outputs of the CHNC level joint meeting and share the maps of geographically synchronized ICDS and Health sectors and ICDS sectors with PHC area.
4. AWWs and ANMs should together list and reorganize the AWCs according to sub-centre and all concerned AWCs should come under SC jurisdiction. The process of Geographical synchronization should be done along with mapping of synchronized areas.
5. AWWs and MPHA(f) shall relook at their operational area and shall raise issues/concerns if any with ICDS and Health supervisory staff.

6. AWWs and MPHA(f) shall revisit the NHD micro plans, once the geographical synchronization is complete.
7. AWWs and MPHA(F) shall jointly finalize the NHD micro plans and action plan for home contacts under the guidance of their respective supervisors and submit the same.
8. Health and ICDS supervisors sit together and finalize the coterminous alignment of ICDS and Health sectors and also the ICDS sectors and PHC area.
9. Health and ICDS supervisors sit together and evolve monitoring plan for their operational area jointly.

**IV. ICDS Project/CHNC level :** ICDS supervisors and MOs along with health supervisory cadre shall have a meeting with CDPO and SPHOs.

1. ICDS supervisors and MOs along with health supervisory cadre shall sit with CDPO and SPHOs and finalize the plans given by AWWs &MPHA(F) with regard to Synchronization of their jurisdictions and NHD micro plans.
2. ICDS supervisors and MOs along with health supervisory cadre shall sit with CDPO and SPHOs and finalize the plans of coterminous alignment of ICDS and Health sectors and also the ICDS sectors and PHC area with mapping exercise.
3. CDPO should also consider the geographical terrain and physical accessibility, characteristics of the local community, and equitable workloads of the supervisors when drafting the schedule, and so they are redistributed according to factors such as workload and access.
4. Areas considered difficult to serve with many small villages and hamlets spread across 3–5 km that present problems of access, will be allocated to more Supervisors per head of population.
5. Villages need to be allocated among Health and ICDS supervisors to ensure continued monitoring of all NHDs and villages at least once in a quarter. On an average, two ICDS supervisors and one MPHS (F)/MPHS (M) are allocated to cover beneficiaries in each PHC.
6. Quarterly action plan has to be prepared for monitoring and to provide supportive supervision by both Health and ICDS Supervisors.

**V. SPHO and CDPO shall have a joint meeting at CHNC level :**

1. The process of Geographical synchronization should be done jointly by both Health and ICDS functionaries (CDPOs and SPHOs) along with mapping of synchronized areas.
2. Sectors/PHCs need to be allocated among CDPOs and SPHOs and other health supervisory cadre at CHNC level to ensure accountability.
3. Evolve Monitoring plan jointly and make random field visits during NHDs, FDHS and joint review meetings at PHC level to ensure quality implementation of interventions, problem solving, decision making and quality reporting through supportive supervision.

**VI. District level:** District collector shall conduct a joint meeting with all district officers along with state representative.

1. SPHOs, CDPOs and all district level officers shall update PD WDCW, DMHO and District Collector on the process, Outputs ( Existing Maps, Revised Maps, Formats used for rationalization process (before and after), NHD micro-plans and monitoring plans ) and issues/concerns needs to be addressed at district level to make coterminous alignment between two departments and share monitoring plans.
2. District Collector shall issue necessary orders based on the requests received from DMHO and PD ICDS to make coterminous alignment between both HMFV and WDCW departments at CHNC/ICDS project level.
3. Officers from State shall take a copy of the same from districts to state to share with CFW/MD NRHM and Director WDCW.

**VII. ICDS Project/CHNC level :**

1. CDPOs and SPHOs will issue orders to functionaries at various levels to implement the same as finalized at district level.
2. CDPOs and SPHOs will ensure village level meetings by field MCH team with the support of ICDS/PHC level supervisory staff by involving all the stake holders to bring it to the notice of public as the NHD as a platform to utilize the services.

**VIII. State level:** CFW/MD NRHM and Director WDCW shall conduct a joint meeting with all state officers.

1. CFW/MD NRHM and Director WDCW shall organize a joint meeting to take stock of the status and issue necessary instructions as per the need.
2. Conducts video conference jointly with all the district functionaries as required.

**PANKAJ DWIVEDI  
CHIEF SECRETARY TO GOVERNMENT**

**SECTION OFFICER**